NOTABLE PLAN AND PROGRAM CHANGES EFFECTIVE JANUARY 1, 2003

All Dual-Choice plan changes and coverage changes take effect on January 1, 2003. To change plans, your application must be received by your payroll office by 4:30 p.m. on Friday, October 25, 2002.

All plan and provider network changes are made at the request of the plan. Plans' telephone numbers and addresses are shown on the inside back cover of this booklet.

→ PLANS NO LONGER AVAILABLE

Security Health Plan is No Longer Available as of January 1, 2003. Subscribers enrolled in this plan must select another plan for 2003.

→ SIGNIFICANT PLAN PROVIDER NETWORK CHANGES

- > SMP will be available in Kewaunee, Lincoln, and Rusk Counties effective January 1, 2003.
- A number of plans have changed their service areas, some have made significant changes. Please refer to the map on page A-3 and the Plan Descriptions in Section G. Verify with your plan that your provider(s) is still available to you in 2003.
- ➤ **Note:** Your current health plan is required to provide you with a <u>list of all plan</u> providers that will not be available to you in 2003. You should contact your plan and request this information if you have not received it by October 11th.

→ CHANGES TO UNIFORM BENEFITS

Participating HMOs provide coverage for health benefits under Uniform Benefits described in Section D. Please review the **Uniform Benefits** section to be sure that you understand the benefits offered through the participating alternate plans. **Notable changes in the Uniform Benefits levels of coverage are also shown on a table on page D-2**.

- Prescription Drug Out-of-Pocket Maximum. The annual prescription drug out-of-pocket maximum will increase from \$270 to \$300 for an individual and from \$540 to \$600 for a family.
- ➤ Prescription Drug Card Copayment. The prescription drug card copayment for Brand name drugs only will increase from \$10 to \$17.25 per prescription. The generic copayment is not changing. It will remain as \$5 per generic prescription.
- ➤ **Prescription Drug Day Supply.** The prescription drug day supply will decrease from 34 days to 30 per prescription. The maximum for oral contraceptives will be one copay per package.

- Cochlear Implants. Cochlear Implants will be covered at 80% subject to Medical Necessity criteria as determined by the Plan.
- ➤ **Lifetime Maximum.** The lifetime maximum per participant is increasing from \$1,000,000 to \$2,000,000.
- ➤ Ambulance Coverage. Ambulance service will be paid at 100% as medically necessary in 2003. This is increased from 100% coverage up to \$300 ground, \$1,000 air transport.
- Orthoptic Coverage. Orthoptic (eye training exercises) will be covered for up to two sessions as Medically Necessary.

→ OTHER INFORMATION ABOUT IT'S YOUR CHOICE

WEB SITE: The Dual-Choice book is available on the Department of Employee Trust Funds web site at etf.wi.gov. Additional information about the health insurance program and other insurance programs offered to state employees is also available at this site.